



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: WO/90009MD2634/1

Work Order Type: Weatherization

Audit Name: 2634

CLIENT INFORMATION

Client ID: 90009MD2634

AGENCY INFORMATION

Agency: Metropolitan Development and Housing Agency

Agency Phone: (615) 252-8500

Address: 701 South Sixth Street
Nashville, TN 37206

Fax: (615) 252-8533

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

AUDIT CONDUCTED 12PM-1:30PM
3/19/2012
TIMOTHY KEY
615-330-4785

CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL MEASUREMENTS
ALL WEATHERIZATION MEASURES AND REPAIRS MUST BE
DONE FOLLOWING THE SOUTHEAST FIELD GUIDE

LEAD BASE PAINT MAY EXIST
IF HOME BUILT PRIOR TO 1978

Measures

Measure 1 REPAIR FLOOR				Components			Inspected		
Comment REPIAR FLOOR @ KITCHEN SINK CABINET.							<input type="checkbox"/>		
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Misc Material	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

Measure 2 Infiltration Redctn				Components			Inspected		
Comment 1. SEAL AROUND CEILING FAN@DEN (DRYWALL) 2. PATCH CEILING @BR1 6X4 AREA 3. SEAL CROWN MOLDING@LVG RM (75 LN FT)@ DEN (60 LN FT) @HALL (30 LN FT) @BR2 (60 LN FT) @ KITCHEN (60 LN FT) 4. SEAL PLUMBING @ KITCHEN SINK 5. SEAL PLUMBING @ BATH SINK 6. REMOVE VENT @ WALL PLUS CEILING @ DEN SEAL WALL @CEILING OPENINGS 7. REPAIR FRAMING @ ATTIC STAIRS PLUS SEAL 8. REPLACE D1 AND D2 SOLID WOOD DOORS. 9 GLAZE ALL WINDOWS 1-13							<input type="checkbox"/>		
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

Measure 3 Attic Ins. R-38**Components** A1**Inspected****Comment** 4 INCHES EXIST. ADD 8 INCHES.. TOTAL 12 INCHES.☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Cellulose, Blown - R-38	SqFt	966	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Attic Insulation - Cellulose, Blown - R-38	SqFt	966	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 Install/Replace Heatpump****Components** HS1,AC1**Inspected****Comment** INSTALL NEW ductwork@ ATTIC, INSTALL NEW returns, registers and disconnect box, New pad. New thermostat. All new system to be sized according to Manual J calculations by licensed mechanical contractor. Must pull permits and meet all applicable codes.☐

NO SYSTEM IS CURRENTLY EXISTING...

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Heating Equipmen	Heatpump - 21 kBtu/h Existing, Consult Manual J Data	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Heatpump - 21 kBtu/h Existing, Consult Manual J Data	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Measure 5 CO Monitor is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 6 Fix Water Leak Present@ BATH SINK DRAIN				Components				Inspected	
Comment HEALTH & SAFETY									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 7 Smoke Detector is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke detector	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 8 SPRAY FOR INSECTS				Components				Inspected	
Comment HEALTH & SAFETY									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Misc Material	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									
Work Order Grand Total:							Grand Total:		